

| | | |
|----------------------------------------------------------------|------------------------|-------------|
| Fill in this information to identify your case: | | |
| Debtor 1 | FILIA | DORCILHOMME |
| | First Name | Middle Name |
| Debtor 2 | N/A | Last Name |
| (Spouse, if filing) | | |
| United States Bankruptcy Court for the: District of New Jersey | | |
| Case number | 22-19128 (If known) | |

FILED
JEANNE A. NAUGHTON, CLERK

DEC 08 2022

U.S. BANKRUPTCY COURT
NEWARK, N.J.

BY *Reagan*

Check if this is an
amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

| | | Your assets Value of what you own |
|-----|-----------------------------------------------------------------------|--------------------------------------|
| 1. | <i>Schedule A/B: Property</i> (Official Form 106A/B) | |
| 1a. | Copy line 55, Total real estate, from <i>Schedule A/B</i> | \$ 606,100.00 |
| 1b. | Copy line 62, Total personal property, from <i>Schedule A/B</i> | \$ 16,131.50 |
| 1c. | Copy line 63, Total of all property on <i>Schedule A/B</i> | \$ 622,231.50 |

Part 2: Summarize Your Liabilities

| | | Your liabilities Amount you owe |
|-----|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 2. | <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D) | |
| 2a. | Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> | \$ 606,100.00 |
| 3. | <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F) | |
| 3a. | Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ 15,000.00 |
| 3b. | Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | + \$ 0.00 |
| | | Your total liabilities \$ 621,000.00 |

Part 3: Summarize Your Income and Expenses

| | | |
|----|---------------------------------------------------------------------------|-------------|
| 4. | <i>Schedule I: Your Income</i> (Official Form 106I) | |
| | Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ 1,281.50 |
| 5. | <i>Schedule J: Your Expenses</i> (Official Form 106J) | |
| | Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ 3,173.82 |

Debtor 1 FILIA
First Name Middle Name Last Name

DORCILHOMME

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Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1,281.50

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.) \$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00
9d. Student loans. (Copy line 6f.) \$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00
9g. **Total.** Add lines 9a through 9f. \$ 0.00

Fill in this information to identify your case and this filing:

| | | | | |
|----------------------------------------------------------------|------------|-------------|-------------|--|
| Debtor 1 | FILIA | | DORCILHOMME | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | N/A | | | |
| | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: District of New Jersey | | | | |
| Case number <u>22-19128</u> | | | | |

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1. 1174 Arlington Avenue

Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$ 400,000.00 Current value of the portion you own? \$ 206,100.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

If you own or have more than one, list here:

1.2. N/A

Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$ _____ Current value of the portion you own? \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

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Case number (if known) 22-19128

1.3. **N/A**

Street address, if available, or other description

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

City _____ State _____ ZIP Code _____

County _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

\$ 606,100.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1. Make: **N/A**

Model: _____

Year: _____

Approximate mileage: _____

Other information: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 0.00 \$ 0.00

 Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make: **N/A**

Model: _____

Year: _____

Approximate mileage: _____

Other information: _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 0.00 \$ 0.00

 Check if this is community property (see instructions)

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3.3. Make: N/A
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 0.00 \$ 0.00

Check if this is community property (see instructions)

3.4. Make: N/A
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 0.00 \$ 0.00

Check if this is community property (see instructions)

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

4.1. Make: N/A
 Model: _____
 Year: _____
 Other information:

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 0.00 \$ 0.00

Check if this is community property (see instructions)

If you own or have more than one, list here:

4.2. Make: N/A
 Model: _____
 Year: _____
 Other information:

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 0.00 \$ 0.00

Check if this is community property (see instructions)

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here \rightarrow

Debtor 1 FILIA

First Name Middle Name

Document DORCILHOMME

Last Name

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Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?**

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples: Major appliances, furniture, linens, china, kitchenware* No Yes. Describe..... Refrigerator; Washer/Dryer; Furniture; Household China and kitchenware; Coffee Maker; Toster \$ 3,500.00**7. Electronics***Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games* No Yes. Describe..... Television; Computer \$ 2,100.00**8. Collectibles of value***Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles* No Yes. Describe..... \$ 0.00**9. Equipment for sports and hobbies***Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments* No Yes. Describe..... \$ 0.00**10. Firearms***Examples: Pistols, rifles, shotguns, ammunition, and related equipment* No Yes. Describe..... \$ 0.00**11. Clothes***Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories* No Yes. Describe..... Every day clothes and shoe \$ 3,000.00**12. Jewelry***Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver* No Yes. Describe..... Wedding Band, Bracelet; Earrings; Neckless \$ 3,250.00**13. Non-farm animals***Examples: Dogs, cats, birds, horses* No Yes. Describe..... \$ 0.00**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information. \$ 0.00**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** → \$ 11,850.00

Debtor 1 FILIA

First Name Middle Name

Last Name

DORCILHOMME

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Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition* No Yes Cash: \$ 2,000.00**17. Deposits of money***Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.* No Yes Institution name:

| | | |
|--------------------------------|------------|-------------|
| 17.1. Checking account: | 9362803756 | \$ 1,000.00 |
| 17.2. Checking account: | N/A | \$ 0.00 |
| 17.3. Savings account: | N/A | \$ 0.00 |
| 17.4. Savings account: | N/A | \$ 0.00 |
| 17.5. Certificates of deposit: | N/A | \$ 0.00 |
| 17.6. Other financial account: | N/A | \$ 0.00 |
| 17.7. Other financial account: | N/A | \$ 0.00 |
| 17.8. Other financial account: | N/A | \$ 0.00 |
| 17.9. Other financial account: | N/A | \$ 0.00 |

18. Bonds, mutual funds, or publicly traded stocks*Examples: Bond funds, investment accounts with brokerage firms, money market accounts* No Yes Institution or issuer name:

| | |
|-----|---------|
| N/A | \$ 0.00 |
| N/A | \$ 0.00 |
| N/A | \$ 0.00 |

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

| Name of entity: | % of ownership: | |
|-----------------|-----------------|---------|
| N/A | 0% % | \$ 0.00 |
| N/A | 0% % | \$ 0.00 |
| N/A | 0% % | \$ 0.00 |

Debtor 1 **FILIA**

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Last Name

Case number (if known) 22-19128**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

N/AN/AN/A

| | |
|----|------|
| \$ | 0.00 |
| \$ | 0.00 |
| \$ | 0.00 |

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account: Institution name:

401(k) or similar plan: N/A

\$ 0.00

Pension plan: N/A

\$ 0.00

IRA: N/A

\$ 0.00

Retirement account: Social Security Administration

\$ 1,016.00

Keogh: N/A

\$

Additional account: Union

\$ 65.50

Additional account: SNAP (food stamps)

\$ 200.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.....

Institution name or individual:

Electric: N/A

\$ 0.00

Gas: N/A

\$ 0.00

Heating oil: N/A

\$ 0.00

Security deposit on rental unit: N/A

\$ 0.00

Prepaid rent: N/A

\$ 0.00

Telephone: N/A

\$ 0.00

Water: N/A

\$ 0.00

Rented furniture: N/A

\$ 0.00

Other: N/A

\$ 0.00

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes.....

Issuer name and description:

N/A

\$ 0.00

N/A

\$ 0.00

N/A

\$ 0.00

Debtor 1 FILIA

First Name Middle Name

Last Name

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

| | |
|------|---------|
| N/A | \$ 0.00 |
| 0.00 | \$ 0.00 |
| N/A | \$ 0.00 |

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them....

\$ 0.00

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them....

\$ 0.00

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them....

\$ 0.00

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.

| | |
|----------|---------|
| Federal: | \$ 0.00 |
| State: | \$ 0.00 |
| Local: | \$ 0.00 |

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information....

| | |
|----------------------|---------|
| Alimony: | \$ 0.00 |
| Maintenance: | \$ 0.00 |
| Support: | \$ 0.00 |
| Divorce settlement: | \$ 0.00 |
| Property settlement: | \$ 0.00 |

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information....

\$ 0.00

Debtor 1 FILIA

First Name Middle Name

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DORCILHOMME

Case number (if known) 22-19128

31. Interests in insurance policies*Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance* No Yes. Name the insurance company of each policy and list its value. ...

Company name:

N/A

N/A

N/A

Beneficiary:

Surrender or refund value:

\$ 0.00

\$ 0.00

\$ 0.00

32. Any interest in property that is due you from someone who has died*If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.* No Yes. Give specific information.....

NONE

\$ 0.00

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples: Accidents, employment disputes, insurance claims, or rights to sue* No Yes. Describe each claim.

NONE

\$ 0.00

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim.

NONE

\$ 0.00

35. Any financial assets you did not already list No Yes. Give specific information.....

NONE

\$ 0.00

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

→

\$ 4,281.50

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned No Yes. Describe.....

\$ 0.00

39. Office equipment, furnishings, and supplies*Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices* No Yes. Describe.....

\$ 0.00

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First Name

Middle Name

Last Name

DORCILHOMME

Case number (if known) 22-19128

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

 No Yes. Describe.....\$ 0.00

41. Inventory

 No Yes. Describe.....\$ 0.00

42. Interests in partnerships or joint ventures

 No Yes. Describe.....

Name of entity:

N/A

% of ownership:

\$ 0.00

N/A

%\$ 0.00

N/A

%\$ 0.00

43. Customer lists, mailing lists, or other compilations

 No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

NONE

\$ 0.00

44. Any business-related property you did not already list

 No Yes. Give specific information

N/A

\$ 0.00

N/A

\$ 0.0045. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here → 0.00**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.**

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

 No. Go to Part 7. Yes. Go to line 47.Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

 No Yes.....\$ 0.00

Debtor 1

FILIA

First Name Middle Name

Last Name

48. Crops—either growing or harvested

 No Yes. Give specific information.....

\$ 0.00

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

 No Yes.....

\$ 0.00

50. Farm and fishing supplies, chemicals, and feed

 No Yes.....

\$ 0.00

51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information.....

\$ 0.00

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$ 0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

\$ 0.00

\$ 0.00

\$ 0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$ 0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$ 606,100.00

56. Part 2: Total vehicles, line 5 \$ 0.00

57. Part 3: Total personal and household items, line 15 \$ 11,850.00

58. Part 4: Total financial assets, line 36 \$ 4,281.50

59. Part 5: Total business-related property, line 45 \$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0.00

61. Part 7: Total other property not listed, line 54 + \$ 0.00

62. Total personal property. Add lines 56 through 61. \$ 16,131.50 Copy personal property total → + \$ 16,131.50

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$ 622,231.50

Fill in this information to identify your case:

| | | |
|----------------------------------------------------------------|-------------------|-------------|
| Debtor 1 | FILIA DORCILHOMME | |
| | First Name | Middle Name |
| | Last Name | |
| Debtor 2 (Spouse, if filing) | N/A | |
| | First Name | Middle Name |
| | Last Name | |
| United States Bankruptcy Court for the: District of New Jersey | | |
| Case number 22-19128 | | |

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|-----------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| | | Copy the value from <i>Schedule A/B</i> | <i>Check only one box for each exemption.</i> |
| Brief description: 1 Family Dwelling | \$400,000.00 | <input type="checkbox"/> \$ 400,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 206100 |
| Line from <i>Schedule A/B</i> : 1174 | | | |
| Brief description: N/A | \$0.00 | <input type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from <i>Schedule A/B</i> : _____ | | | |
| Brief description: N/A | \$0.00 | <input type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from <i>Schedule A/B</i> : _____ | | | |

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No
 Yes

Debtor 1

FILIA

First Name Middle Name

DORCILHOMME

Last Name

Case number (if known) 22-19128

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption | Specific laws that allow exemption |
|-------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Brief description: | N/A | \$ 0.00 | <input type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | | |
| Brief description: | N/A | \$ 0.00 | <input type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | | |
| Brief description: | N/A | \$ 0.00 | <input type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | | |
| Brief description: | N/A | \$ 0.00 | <input type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | | |
| Brief description: | N/A | \$ 0.00 | <input type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | | |
| Brief description: | N/A | \$ 0.00 | <input type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | | |
| Brief description: | N/A | \$ 0.00 | <input type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | | |
| Brief description: | N/A | \$ 0.00 | <input type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | | |
| Brief description: | N/A | \$ 0.00 | <input type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | | |
| Brief description: | N/A | \$ 0.00 | <input type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | | |
| Brief description: | N/A | \$ 0.00 | <input type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | | |
| Brief description: | N/A | \$ 0.00 | <input type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | | |
| Brief description: | N/A | \$ 0.00 | <input type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | | |
| Brief description: | N/A | \$ 0.00 | <input type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | | |
| Brief description: | N/A | \$ 0.00 | <input type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | | |

Fill in this information to identify your case:

| | | | |
|-----------------------------------------|----------------------------|---------------------------------------------------------|-----------|
| Debtor 1 | FILIA First Name | DORCILHOMME Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | N/A First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | District of New Jersey <input type="button" value="▼"/> | |
| Case number (If known) | | 22-19128 | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| 2.1 | KML Law Group, P.C | Describe the property that secures the claim: 1174 Arlington Ave., Teaneck, NJ 07666 | Column A | Column B | Column C |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------|--------------------------------|
| | | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion if any |
| | \$ 606,100.00 | \$ 400,000.00 | \$ | | |
| <p>Creditor's Name 701 Market Street, Number Street Suite 5000 Philadelphia PA 19106 City State ZIP Code</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred 04/01/2005</p> <p>Last 4 digits of account number 9 5 8 4</p> | | | | | |
| <p>Describe the property that secures the claim: 1174 Arlington Ave., Teaneck, NJ 07666</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred 04/01/2005</p> <p>Last 4 digits of account number 9 5 8 4</p> | | | | | |
| <p>Add the dollar value of your entries in Column A on this page. Write that number here: \$ 606,100.00</p> | | | | | |

Debtor 1

FILIA

First Name

Middle Name

Last Name

DORCILHOMME

Case number (if known) 22-19128

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

2.3 Bergen County Sheriff's Office

Describe the property that secures the claim:

| Column A | Column B | Column C |
|-----------------|----------------------------------------------|--------------------------|
| Amount of claim | Value of collateral that supports this claim | Unsecured portion of any |
| \$ 606,100.00 | \$ 400,000.00 | \$ |

Creditor's Name

2 Bergen County Plaza

Number Street

Hackensack, NJ 07601

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 04/01/2005

Last 4 digits of account number 9 5 8 4

N/A

Creditor's Name

Number Street

City State ZIP Code

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

N/A

Creditor's Name

Number Street

City State ZIP Code

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$ _____

Debtor 1

FILIA

First Name

Middle Name

Last Name

DORCILHOMME

Case number (if known) 22-19128

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name _____

On which line in Part 1 did you enter the creditor? _____

Number Street _____

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

Name _____

On which line in Part 1 did you enter the creditor? _____

Number Street _____

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

Name _____

On which line in Part 1 did you enter the creditor? _____

Number Street _____

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

Name _____

On which line in Part 1 did you enter the creditor? _____

Number Street _____

Last 4 digits of account number 9 5 8 4

City _____ State _____ ZIP Code _____

Name _____

On which line in Part 1 did you enter the creditor? _____

Number Street _____

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

Name _____

On which line in Part 1 did you enter the creditor? _____

Number Street _____

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

Fill in this information to identify your case:

| | | | | |
|-----------------------------------------|------------|------------------------|-------------|----------------------------------|
| Debtor 1 | FILIA | | DORCILHOMME | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | N/A | | | |
| | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | District of New Jersey | | <input type="button" value="▼"/> |
| Case number (if known) | | 22-19128 | | |

Check if this is an
amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

2.1

| | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------|------------|--------------|--------------|----|
| Capital One | Priority Creditor's Name | Last 4 digits of account number | 9 5 8 4 | \$ 15,000.00 | \$ 15,000.00 | \$ |
| Union Plus | | When was the debt incurred? | 01/01/2019 | | | |
| Number Street | | As of the date you file, the claim is: Check all that apply. | | | | |
| P.O.Box 30285 | | <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | | |
| Salt Lake City, UT 84130 | City | State | ZIP Code | | | |
| Who incurred the debt? Check one. | | | | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | | | |
| Is the claim subject to offset? | | | | | | |
| <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | | | | |
| Type of PRIORITY unsecured claim: | | | | | | |
| <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify credit card | | | | | | |

2.2

| | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------|-------|----------|----------|----------|
| N/A | Priority Creditor's Name | Last 4 digits of account number | _____ | \$ _____ | \$ _____ | \$ _____ |
| Number Street | | When was the debt incurred? | _____ | | | |
| City | State | ZIP Code | | | | |
| Who incurred the debt? Check one. | | | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | | | |
| Is the claim subject to offset? | | | | | | |
| <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | | | | |
| Type of PRIORITY unsecured claim: | | | | | | |
| <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | | | | |

Debtor 1 **FILIA**
First Name Middle Name Last Name

DORON FOMMIE Page 19 of 49 Case number (if known) 22-19128

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

N/A
Priority Creditor's Name

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street

When was the debt incurred? _____

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were
intoxicated
 Other. Specify _____

Is the claim subject to offset?

No
 Yes

N/A
Priority Creditor's Name

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street

When was the debt incurred? _____

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were
intoxicated
 Other. Specify _____

Is the claim subject to offset?

No
 Yes

N/A
Priority Creditor's Name

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street

When was the debt incurred? _____

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who Incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were
intoxicated
 Other. Specify _____

Is the claim subject to offset?

No
 Yes

Debtor 1 FILIA

First Name Middle Name Last Name

DORON COMME

Case number (if known) 22-19128

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

N/A

Nonpriority Creditor's Name

Last 4 digits of account number _____

Total claim \$ 0.00

When was the debt incurred? _____

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.2

N/A

Nonpriority Creditor's Name

Last 4 digits of account number _____

Total claim \$ 0.00

When was the debt incurred? _____

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.3

N/A

Nonpriority Creditor's Name

Last 4 digits of account number _____

Total claim \$ 0.00

When was the debt incurred? _____

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1 **FILIA**

First Name

Middle Name

Last Name

DOCUMENT

Case number (if known) 22-19128

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | |
|--------------------------|------------|---------------------------------|---------|
| <input type="checkbox"/> | N/A | Last 4 digits of account number | \$ 0.00 |
|--------------------------|------------|---------------------------------|---------|

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

| | | | |
|--------------------------|------------|---------------------------------|---------|
| <input type="checkbox"/> | N/A | Last 4 digits of account number | \$ 0.00 |
|--------------------------|------------|---------------------------------|---------|

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

| | | | |
|--------------------------|------------|---------------------------------|---------|
| <input type="checkbox"/> | N/A | Last 4 digits of account number | \$ 0.00 |
|--------------------------|------------|---------------------------------|---------|

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1 FILIA
First Name Middle Name Last Name

DOROTHY MOME Page 22 of 49

Case number (if known) 22-19128**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

N/A

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

| Total claim | | |
|-------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. \$ <u>0.00</u> |
| | 6b. Taxes and certain other debts you owe the government | 6b. \$ <u>0.00</u> |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. \$ <u>0.00</u> |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + \$ <u>15,000.00</u> |
| 6e. Total. Add lines 6a through 6d. | 6e. <div style="border: 1px solid black; padding: 5px; text-align: center;">\$ <u>15,000.00</u></div> | |

| Total claim | | |
|---------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Total claims from Part 2 | 6f. Student loans | 6f. \$ <u>0.00</u> |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ <u>0.00</u> |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ <u>0.00</u> |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + \$ <u>0.00</u> |
| | 6j. Total. Add lines 6f through 6i. | 6j. <div style="border: 1px solid black; padding: 5px; text-align: center;">\$ <u>0.00</u></div> |

Fill in this information to identify your case:

| | | | | |
|-----------------------------------------|------------|------------------------|-------------|---------------------------------|
| Debtor | FILIA | | DORCILHOMME | |
| | First Name | Middle Name | Last Name | <input type="button" value=""/> |
| Debtor 2 (Spouse if filing) | N/A | | | |
| | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | District of New Jersey | | <input type="button" value=""/> |
| Case number (if known) 22-19128 | | | | |

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

N/A

Name

Number Street

City State ZIP Code

2.2

N/A

Name

Number Street

City State ZIP Code

2.3

N/A

Name

Number Street

City State ZIP Code

2.4

N/A

Name

Number Street

City State ZIP Code

2.5

N/A

Name

Number Street

City State ZIP Code

Debtor 1 **FILIA**

First Name Middle Name

DORCILHOMME



Case number (if known) **22-19128**

Additional Page if You Have More Contracts or Leases

Person or company with whom you have the contract or lease

What the contract or lease is for

26

N/A

Name

Number Street

City State ZIP Code

27

N/A

Name

Number Street

City State ZIP Code

28

N/A

Name

Number Street

City State ZIP Code

29

N/A

Name

Number Street

City State ZIP Code

21

N/A

Name

Number Street

City State ZIP Code

21

N/A

Name

Number Street

City State ZIP Code

21

N/A

Name

Number Street

City State ZIP Code

21

N/A

Name

Number Street

City State ZIP Code

Fill in this information to identify your case:

| | | | |
|----------------------------------------------------------------|-----------------|--------------------|-----------|
| Debtor 1 | FILIA | DORCILHOMME | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | N/A | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: District of New Jersey | | | |
| Case number | 22-19128 | | |
| (If known) | | | |

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes. In which community state or territory did you live? _____ . Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.1

N/A
Name

Number Street

City State ZIP Code

3.2

N/A
Name

Number Street

City State ZIP Code

3.3

N/A
Name

Number Street

City State ZIP Code

Debtor 1

FILIA

First Name

Middle Name

Last Name

DORCILHOMME

Case number (if known) 22-19128

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**

34

N/A

Name

Number Street

City State ZIP Code

Check all schedules that apply:

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

35

N/A

Name

Number Street

City State ZIP Code

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

36

N/A

Name

Number Street

City State ZIP Code

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

37

N/A

Name

Number Street

City State ZIP Code

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

38

N/A

Name

Number Street

City State ZIP Code

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

39

N/A

Name

Number Street

City State ZIP Code

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

40

N/A

Name

Number Street

City State ZIP Code

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

41

N/A

Name

Number Street

City State ZIP Code

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Fill in this information to identify your case:

| | | | |
|-----------------------------------------------|--------------|------------------------|----------------------------------------|
| Debtor 1 | FILIA | DORCILHOMME | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | N/A | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: _____ | | District of New Jersey | _____ <input type="button" value="▼"/> |
| Case number (If known) 22-19128 | | | |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

Employed
 Not employed

Employed
 Not employed

Occupation

Retired

Employer's name

N/A

Employer's address

N/A

Number Street

City State ZIP Code

Number Street

City State ZIP Code

How long employed there? **N/A**

N/A

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ 0.00 | \$ _____ |
| 3. Estimate and list monthly overtime pay. | 3. + \$ 0.00 | + \$ _____ |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$ 0.00 | \$ _____ |

| | | | |
|----------|------------|-------------|------------------------|
| Debtor 1 | FILIA | DORCILHOMME | Case number (if known) |
| | First Name | Middle Name | 22-19128 |
| | Last Name | | |

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------|
| Copy line 4 here..... | → 4. \$ 0.00 | \$ _____ |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 0.00 | \$ _____ |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ _____ |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ _____ |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ _____ |
| 5e. Insurance | 5e. \$ 0.00 | \$ _____ |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ _____ |
| 5g. Union dues | 5g. \$ 0.00 | \$ _____ |
| 5h. Other deductions. Specify: _____ | 5h. + \$ 0.00 | + \$ _____ |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. \$ 0.00 | \$ _____ |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 0.00 | \$ _____ |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0.00 | \$ _____ |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ _____ |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ _____ |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ _____ |
| 8e. Social Security | 8e. \$ 1,016.00 | \$ _____ |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: SNAP (food stamps) | 8f. \$ _____ | \$ _____ |
| 8g. Pension or retirement income | 8g. \$ _____ | \$ _____ |
| 8h. Other monthly income. Specify: Union monthly payment | 8h. + \$ 65.50 | + \$ _____ |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. \$ 1,081.50 | \$ _____ |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 1,081.50 | + \$ _____ = \$ 1,081.50 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: SNAP (food stamps) | 11. + \$ 200.00 | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies | 12. \$ 1,281.50 | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input type="checkbox"/> No. | | |
| <input checked="" type="checkbox"/> Yes. Explain: Expecting some financial help from family members. | | |

Fill in this information to identify your case:

| | | |
|-----------------------------------------|------------------------|----------------------------------|
| Debtor 1 | FILIA | DORCILHOMME |
| | First Name | Middle Name |
| Debtor 2 | N/A | Last Name |
| (Spouse, if filing) | First Name | Middle Name |
| United States Bankruptcy Court for the: | District of New Jersey | <input type="button" value="▼"/> |
| Case number | 22-19128 | |
| (If known) | | |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No
 Yes

No
 Yes

No
 Yes

No
 Yes

No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 2,293.82

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

4a. \$ 0.00
 4b. \$ 0.00
 4c. \$ 0.00
 4d. \$ 0.00

Debtor 1 **FILIA**
 First Name Middle Name Last Name

DORCILHOMME

Case number (if known) **22-19128**

| | | Your expenses |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. \$ <u>0.00</u> |
| 6. | Utilities: | |
| 6a. | Electricity, heat, natural gas | 6a. \$ <u>220.00</u> |
| 6b. | Water, sewer, garbage collection | 6b. \$ <u>40.00</u> |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>125.00</u> |
| 6d. | Other. Specify: <u>Cell Phone; Cable; internet</u> | 6d. \$ <u></u> |
| 7. | Food and housekeeping supplies | 7. \$ <u>350.00</u> |
| 8. | Childcare and children's education costs | 8. \$ <u>0.00</u> |
| 9. | Clothing, laundry, and dry cleaning | 9. \$ <u>35.00</u> |
| 10. | Personal care products and services | 10. \$ <u>50.00</u> |
| 11. | Medical and dental expenses | 11. \$ <u>0.00</u> |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ <u>50.00</u> |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ <u>0.00</u> |
| 14. | Charitable contributions and religious donations | 14. \$ <u>10.00</u> |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. | Life insurance | 15a. \$ <u>0.00</u> |
| 15b. | Health insurance | 15b. \$ <u>0.00</u> |
| 15c. | Vehicle insurance | 15c. \$ <u>0.00</u> |
| 15d. | Other insurance. Specify: <u></u> | 15d. \$ <u>0.00</u> |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u></u> | 16. \$ <u>0.00</u> |
| 17. | Installment or lease payments: | |
| 17a. | Car payments for Vehicle 1 | 17a. \$ <u>0.00</u> |
| 17b. | Car payments for Vehicle 2 | 17b. \$ <u>0.00</u> |
| 17c. | Other. Specify: <u>I use public transportation.</u> | 17c. \$ <u>0.00</u> |
| 17d. | Other. Specify: <u></u> | 17d. \$ <u>0.00</u> |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ <u>0.00</u> |
| 19. | Other payments you make to support others who do not live with you. Specify: <u></u> | 19. \$ <u>0.00</u> |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. | Mortgages on other property | 20a. \$ <u>0.00</u> |
| 20b. | Real estate taxes | 20b. \$ <u>0.00</u> |
| 20c. | Property, homeowner's, or renter's insurance | 20c. \$ <u>0.00</u> |
| 20d. | Maintenance, repair, and upkeep expenses | 20d. \$ <u>0.00</u> |
| 20e. | Homeowner's association or condominium dues | 20e. \$ <u>0.00</u> |

Debtor 1 FILIA DORCILHOMME Case number (if known) 22-19128

21. Other. Specify: NONE 21. +\$ 0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 3,173.82

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 3,173.82

23. Calculate your monthly net income.

23a. Copy line 12 (your *combined monthly income*) from *Schedule I*.

23a. \$ 1,281.50

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 1,892.32

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here: Yes, I expect a decrease in my expenses, because I expect some financial help from my family members.

Fill in this information to identify your case:

| | | | |
|----------------------------------------------------------------|----------------------------|-----------------------------------|-----------|
| Debtor 1 | <u>FILIA</u> First Name | <u>DORCILHOMME</u> Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>N/A</u> First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: District of New Jersey | | | |
| Case number <u>22-19128</u> (If known) | | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x filia Dorcilhomme x

Signature of Debtor 1

Signature of Debtor 2

Date 12/02/2022
MM / DD / YYYY

Date _____
MM / DD / YYYY

| | | |
|----------------------------------------------------------------|------------|-------------|
| Fill in this information to identify your case: | | |
| Debtor 1 | FILIA | DORCILHOMME |
| | First Name | Middle Name |
| | Last Name | |
| Debtor 2 | N/A | |
| (Spouse, if filing) | First Name | Middle Name |
| | Last Name | |
| United States Bankruptcy Court for the: District of New Jersey | | |
| Case number (If known) | 22-19128 | |

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 Debtor 2:
lived there

Dates Debtor 2
lived there

Same as Debtor 1

Same as Debtor 1

N/A

Number Street

From _____
To _____

Number Street

From _____
To _____

City State ZIP Code

City State ZIP Code

Same as Debtor 1

Same as Debtor 1

Number Street

From _____
To _____

Number Street

From _____
To _____

City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1 **FILIA** Debtor 2 **DORCILHOMME** Case number (if known) 22-19128

First Name Middle Name Last Name

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

| | Debtor 1 | Debtor 2 |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| | Sources of income Check all that apply. | Sources of income Check all that apply. |
| From January 1 of current year until the date you filed for bankruptcy: | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business |
| For last calendar year: (January 1 to December 31, <u>2021</u> YYYY) | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business |
| For the calendar year before that: (January 1 to December 31, <u>2020</u> YYYY) | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

| | Debtor 1 | Debtor 2 |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | <u>Social Security</u> \$ <u>1,016.00</u> <u>Union Payments</u> \$ <u>65.50</u> <u>SNAP (food stamp)</u> \$ <u>200.00</u> | <u>N/A</u> \$ <u>0.00</u> <u>N/A</u> \$ <u>0.00</u> <u>N/A</u> \$ <u>0.00</u> |
| For last calendar year: (January 1 to December 31, <u>2021</u> YYYY) | <u>Social Security</u> \$ <u>1,016.00</u> <u>Union Payments</u> \$ <u>65.50</u> <u>SNAP (food stamp)</u> \$ <u>200.00</u> | <u>N/A</u> \$ <u>0.00</u> <u>N/A</u> \$ <u>0.00</u> <u>N/A</u> \$ <u>0.00</u> |
| For the calendar year before that: (January 1 to December 31, <u>2020</u> YYYY) | <u>Social Security</u> \$ <u>1,016.00</u> <u>Union Payments</u> \$ <u>65.50</u> <u>SNAP (food stamp)</u> \$ <u>192.00</u> | <u>N/A</u> \$ <u>0.00</u> <u>N/A</u> \$ <u>0.00</u> <u>N/A</u> \$ <u>0.00</u> |

Debtor 1 FILIA DORCILHOMME Case number (if known) 22-19128

First Name Middle Name Last Name

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|-------------------------------|------------------|-------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>N/A</u> Creditor's Name | | \$ <u>0.00</u> | \$ <u>0.00</u> | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| Number Street | | | | |
| City State ZIP Code | | | | |
| <u>N/A</u> Creditor's Name | | \$ <u>0.00</u> | \$ <u>0.00</u> | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| Number Street | | | | |
| City State ZIP Code | | | | |
| <u>N/A</u> Creditor's Name | | \$ <u>0.00</u> | \$ <u>0.00</u> | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| Number Street | | | | |
| City State ZIP Code | | | | |

Debtor 1 FILIA DORCILHOMME Case number (if known) 22-19128

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

| Insider's Name | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---------------------|------------------|-------------------|----------------------|-------------------------|
| <u>N/A</u> | | \$ <u>0.00</u> | \$ <u>0.00</u> | |
| Number Street | | | | |
| City State ZIP Code | | | | |
| <u>N/A</u> | | \$ <u>0.00</u> | \$ <u>0.00</u> | |
| Insider's Name | | | | |
| Number Street | | | | |
| City State ZIP Code | | | | |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

| Insider's Name | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|---------------------|------------------|-------------------|----------------------|----------------------------------------------------|
| <u>N/A</u> | | \$ <u>0.00</u> | \$ <u>0.00</u> | |
| Number Street | | | | |
| City State ZIP Code | | | | |
| <u>N/A</u> | | \$ <u>0.00</u> | \$ <u>0.00</u> | |
| Insider's Name | | | | |
| Number Street | | | | |
| City State ZIP Code | | | | |

Debtor 1 FILIA DORCILHOMME Case number (if known) 22-19128

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

| | Nature of the case | Court or agency | Status of the case |
|-------------|--------------------|-----------------|--------------------------------------------------------------------------------------------------------------|
| Case title | <u>N/A</u> | Court Name | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number | <u>N/A</u> | Number Street | City State ZIP Code |
| Case title | <u>N/A</u> | Court Name | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number | <u>N/A</u> | Number Street | City State ZIP Code |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

| | Describe the property | Date | Value of the property |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------|
| <u>Specialized Loan Servicing, LLC</u> Creditor's Name | <u>1174 Arlington Avenue, Teaneck, NJ 07666</u> | <u>09/26/2018</u> | <u>\$ 400,000.00</u> |
| <u>P.O.Box 105219</u> Number Street | Explain what happened | | |
| <u>Atlanta</u> <u>GA</u> <u>30348</u> City State ZIP Code | <input type="checkbox"/> Property was repossessed. <input checked="" type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |
| <u>KML Law Group, P.C.</u> Creditor's Name | Describe the property | Date | Value of the property |
| <u>A Professional Corporation</u> Number Street | <u>1174 Arlington avenue, Teaneck, NJ 07666</u> | <u>09/26/2018</u> | <u>\$ 400,000.00</u> |
| <u>701 Market Street, Ste. 5000</u> Number Street | Explain what happened | | |
| <u>Philadelphia, PA 19106</u> City State ZIP Code | <input type="checkbox"/> Property was repossessed. <input checked="" type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |

Debtor 1 **FILIA** **DORCILHOMME** Case number (if known) 22-19128

First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

| Describe the action the creditor took | | Date action was taken | Amount |
|---------------------------------------|----------------|---------------------------------------------|--------|
| Creditor's Name | | | \$ |
| Number | Street | | |
| | | | |
| City | State ZIP Code | Last 4 digits of account number: XXXX-_____ | |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|------------------------------------------------------------|------------------------|------------------------------|----------------|
| <u>N/A</u> | | | \$ <u>0.00</u> |
| Person to Whom You Gave the Gift | | | |
| | | | \$ <u>0.00</u> |
| Number Street | | | |
| City State ZIP Code | | | |
| Person's relationship to you | | | |
| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| <u>N/A</u> | | | \$ <u>0.00</u> |
| Person to Whom You Gave the Gift | | | |
| | | | \$ <u>0.00</u> |
| Number Street | | | |
| City State ZIP Code | | | |
| Person's relationship to you | | | |

Debtor 1 FILIA DORCILHOMME Case number (if known) 22-19128

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
|----------------------------------------------------------------|-------------------------------|----------------------|----------------|
| <u>N/A</u> | | | \$ <u>0.00</u> |
| Charity's Name | | | |
| <u> </u> | | | \$ <u>0.00</u> |
| Number Street | | | |
| City | State | ZIP Code | |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------|
| | | | \$ <u> </u> |

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

| Person Who Was Paid | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|-----------------------------------------|---------------------------------------------------|-----------------------------------|-------------------|
| Number Street | | | \$ <u>0.00</u> |
| <u> </u> | | | \$ <u>0.00</u> |
| City | State | ZIP Code | |
| Email or website address | | | |
| Person Who Made the Payment, if Not You | | | |

Debtor 1 FILIA DORCILHOMME Case number (if known) 22-19128

| Description and value of any property transferred | | | Date payment or transfer was made | Amount of payment |
|---------------------------------------------------|--|--|-----------------------------------|-------------------|
| <u>N/A</u> | | | | |
| Person Who Was Paid | | | | \$ <u>0.00</u> |
| Number Street | | | | \$ <u>0.00</u> |
| City State ZIP Code | | | | |
| Email or website address | | | | |
| Person Who Made the Payment, if Not You | | | | |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

| Description and value of any property transferred | | | Date payment or transfer was made | Amount of payment |
|---------------------------------------------------|--|--|-----------------------------------|-------------------|
| <u>N/A</u> | | | | |
| Person Who Was Paid | | | | \$ <u>0.00</u> |
| Number Street | | | | \$ <u>0.00</u> |
| City State ZIP Code | | | | |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

| Description and value of property transferred | | | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|-----------------------------------------------|--|--|----------------------------------------------------------------------|------------------------|
| <u>N/A</u> | | | | |
| Person Who Received Transfer | | | | |
| Number Street | | | | |
| City State ZIP Code | | | | |
| Person's relationship to you | | | | |
| <u>N/A</u> | | | | |
| Person Who Received Transfer | | | | |
| Number Street | | | | |
| City State ZIP Code | | | | |
| Person's relationship to you | | | | |

Debtor 1 FILIA DORCILHOMME Case number (if known) 22-19128

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust N/A

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

| | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------|
| <u>N/A</u> | <u>XXXX-_____</u> | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | <u>_____</u> | <u>\$ 0.00</u> |
| <u>Name of Financial Institution</u> | | | | |
| <u>Number Street</u> | | | | |
| <u>City</u> <u>State</u> <u>ZIP Code</u> | | | | |
| <u>N/A</u> | <u>XXXX-_____</u> | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | <u>_____</u> | <u>\$ 0.00</u> |
| <u>Name of Financial Institution</u> | | | | |
| <u>Number Street</u> | | | | |
| <u>City</u> <u>State</u> <u>ZIP Code</u> | | | | |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

| | Who else had access to it? | Describe the contents | Do you still have it? |
|------------------------------------------|----------------------------|-----------------------|-------------------------------------------------------------|
| <u>N/A</u> | <u>Name</u> | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <u>Name of Financial Institution</u> | | | |
| <u>Number Street</u> | <u>Number Street</u> | | |
| <u>City</u> <u>State</u> <u>ZIP Code</u> | | | |

Debtor 1 **FILIA** **DORCILHOMME** Case number (if known) **22-19128**

First Name Middle Name Last Name

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

| Who else has or had access to it? | Describe the contents | Do you still have it? |
|-----------------------------------|---------------------------|-------------------------------------------------------------|
| N/A | Name _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Name of Storage Facility _____ | Number Street _____ | |
| Number Street _____ | City State ZIP Code _____ | |
| City _____ | State _____ | ZIP Code _____ |

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

| Where is the property? | Describe the property | Value |
|------------------------|-----------------------|----------------|
| N/A | Owner's Name _____ | \$ _____ 0.00 |
| Number Street _____ | Number Street _____ | |
| City _____ | State _____ | ZIP Code _____ |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

| Governmental unit | Environmental law, if you know it | Date of notice |
|---------------------|-----------------------------------|----------------------------|
| N/A | Governmental unit _____ | _____ |
| Name of site _____ | Number Street _____ | |
| Number Street _____ | City _____ | State _____ ZIP Code _____ |
| City _____ | State _____ | ZIP Code _____ |

Debtor 1 FILIA DORCILHOMME Case number (if known) 22-19128

First Name Middle Name Last Name

26. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

| Governmental unit | Environmental law, if you know it | Date of notice |
|-------------------|-----------------------------------|----------------|
| <u>N/A</u> | | |
| Name of site | Governmental unit | |
| Number Street | Number Street | |
| | City State ZIP Code | |
| City | State | ZIP Code |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

| Court or agency | Nature of the case | Status of the case |
|-----------------|---------------------|--------------------|
| <u>N/A</u> | | |
| Court Name | | |
| Number Street | | |
| Case number | City State ZIP Code | |

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

| | | |
|-----------------------------|-------------------------------------|----------------------------------------------------------------------------------|
| <u>N/A</u> Business Name | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| Number Street | Name of accountant or bookkeeper | EIN: _____ |
| City State ZIP Code | | Dates business existed |
| <u>N/A</u> Business Name | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| Number Street | Name of accountant or bookkeeper | EIN: _____ |
| City State ZIP Code | | Dates business existed |
| | | From _____ To _____ |

| | | | |
|-----------------------------|----------------------------|----------------------------------------------------------------------------------|----------------------------------------|
| Debtor 1 | FILIA First Name | DORCILHOMME Middle Name | Case number (if known) 22-19128 |
| | | Last Name | |
| N/A Business Name | | Describe the nature of the business | |
| | | Employer identification number Do not include Social Security number or ITIN. | |
| Number Street | | Name of accountant or bookkeeper | |
| | | EIN: _____ | |
| City _____ | | State _____ ZIP Code _____ | |
| | | Dates business existed | |
| | | From _____ To _____ | |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

N/A

Name

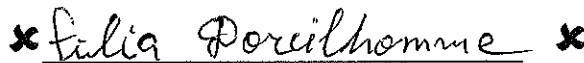
MM / DD / YYYY

Number Street

City _____ State _____ ZIP Code _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

 x

Signature of Debtor 1

Signature of Debtor 2

Date 12/02/2022

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

| | | |
|----------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------|
| Fill in this information to identify your case: | | |
| Debtor 1 | FILIA First Name | DORCILHOMME Middle Name |
| Debtor 2 | N/A (Spouse, if filing) First Name | Last Name |
| United States Bankruptcy Court for the: <u>United States Bankruptcy Court for the: _____</u> | | District of New Jersey <input type="button" value="▼"/> |
| Case number <u>22-19128</u> (if known) | | |

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions) | \$ <u>0.00</u> | \$ _____ |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | \$ <u>0.00</u> | \$ _____ |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | \$ <u>0.00</u> | \$ _____ |
| 5. Net income from operating a business, profession, or farm Gross receipts (before all deductions) | Debtor 1 \$ <u>0.00</u> | Debtor 2 \$ _____ |
| Ordinary and necessary operating expenses | -\$ <u>0.00</u> | -\$ _____ |
| Net monthly income from a business, profession, or farm | \$ <u>0.00</u> | \$ _____ |
| | <i>Copy here</i> → | |
| 6. Net income from rental and other real property Gross receipts (before all deductions) | Debtor 1 \$ <u>0.00</u> | Debtor 2 \$ _____ |
| Ordinary and necessary operating expenses | -\$ <u>0.00</u> | -\$ _____ |
| Net monthly income from rental or other real property | \$ <u>0.00</u> | \$ _____ |
| | <i>Copy here</i> → | |
| 7. Interest, dividends, and royalties | \$ <u>0.00</u> | \$ _____ |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|------------------------|----------------------------------------------|
| Debtor 1 | FILIA | DORCILHOMME | Case number (if known) | 22- 19128 |
| | First Name | Middle Name | Last Name | |
| | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
| 8. Unemployment compensation | | | \$ 0.00 | \$ _____ |
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: _____ | | | | |
| For you | \$ 1,016.00 | | | |
| For your spouse | \$ _____ | | | |
| 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. | | | \$ _____ | \$ _____ |
| 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. | | | | |
| Union Monthly Payments | \$ 65.50 | | \$ _____ | |
| SNAP (food stamps) | \$ 200.00 | | \$ _____ | |
| Total amounts from separate pages, if any. | + \$ 1,281.50 | | + \$ _____ | |
| 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. | \$ 1,281.50 | + \$ _____ | = \$ 1,281.50 | Total current monthly Income |

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11. Copy line 11 here ➔ \$ 1,281.50

Multiply by 12 (the number of months in a year).

12b. The result is your annual income for this part of the form. 12b. \$ 15,378.00

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. New Jersey

Fill in the number of people in your household. 1

Fill in the median family income for your state and size of household. 13. \$ 42,000.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*. Go to Part 3. Do NOT fill out or file Official Form 122A-2

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*. Go to Part 3 and fill out Form 122A-2.

Debtor 1 FILIA DORCILHOMME Case number (*if known*) 22- 19128
First Name Middle Name Last Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.



Signature of Debtor 1

Date 12/02/2022
MM / DD / YYYY



Signature of Debtor 2

Date MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

UNITED STATES POSTAL SERVICE®



CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE (917) 584-0680

PRIORITY MAIL EXPRESS®

Filia Dorchikomone
1174 Arlington Ave,
Teaneck, NJ 07666

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) mail recipient or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options
 No Saturday Delivery Required (additional fee, where available)

Sunday/Holiday Delivery Required (additional fee, where available)
*Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT)

United States District of New Jersey
Martin Luther King, Jr. Federal
50 Walnut Street, Building
ZIP + 4* (U.S. ADDRESSES ONLY) Newark, NJ
07102

For Pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
■ \$100.00 Insurance included.

PEEL FROM THIS CORNER

PRIORITY MAIL EXPRESS®



RDC 07

07/02

U.S. POSTAGE PAID
PMÉ 1-DAY
NORTH BELLMORE, NY
11710
DEC 06 22
AMOUNT
\$27.70
R2304M110711-06



EI 569 578 211 US

PAYMENT BY ACCOUNT (if applicable)
USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

| ORIGIN (POSTAL SERVICE USE ONLY) | | DRO | |
|------------------------------------|---------------------------------------------------------|---------------------------------------------------|--------------------------------|
| PO ZIP Code | Scheduled Delivery Date (MM/DD/YY) | Postage | Military |
| 11710 | 12/7/22 | \$ 27.70 | <input type="checkbox"/> |
| Date Accepted (MM/DD/YY) | Scheduled Delivery Time | Insurance Fee | COD Fee |
| 12/6/22 | 6:00 PM | \$ <input type="text"/> | \$ <input type="text"/> |
| Time Accepted | AM <input type="checkbox"/> PM <input type="checkbox"/> | Return Receipt Fee | Live Animal Transportation Fee |
| 4:34 | <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Special Handling/Package | | Total Postage & Fees | |
| Weight | Flat Rate <input type="checkbox"/> | Acceptance Employee Initials <input type="text"/> | \$ <input type="text"/> |
| lbs. 135 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 27.70 |
| DELIVERY (POSTAL SERVICE USE ONLY) | | Employee Signature | |
| Delivery Attempt (MM/DD/YY) Time | AM <input type="checkbox"/> PM <input type="checkbox"/> | Employee Signature | <input type="text"/> |
| LABEL 11-B, MAY 2021 | PSN 7690-02-000-9996 | | |

pickup,



EP13C July 2020
OD: 11.625 x 15.125